

**DECLARATION AND POWER OF ATTORNEY FOR
PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PHARMACEUTICAL FORMULATION

the specification of which (check one)

 X is attached hereto.

 was filed on under Attorney's Docket Number
as Application Serial No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations Section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Yes	No	Priority Claimed
<u> </u>	<u> </u>	<u> </u>	<u> </u>	
(Number)	(Country)	(Filing Date)		

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>09/597,206</u>	<u>June 20, 2000</u>	<u>pending</u>
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)
<u>09/335,575</u>	<u>June 18, 1999</u>	<u>US Pat No. 6,077,541</u>
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)
<u>09/143,697</u>	<u>August 8, 1998</u>	<u>US Pat No 6,174,548</u>
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)
<u>08/970,489</u>	<u>November 14, 1997</u>	<u>US Pat No 6,096,340</u>
(Appln. Serial No.)	(Filing Date)	(Status-patent, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Ted W. Whitlock, Reg. No. 36,965; Richard C. Harrington 36,376; and David W Barman Reg. No. 47,225 of Andrx Corporation, 4955 Orange Dr Ft. Lauderdale, Florida, 33314

Send correspondence to: Ted W. Whitlock, Esq.
Intellectual Property Counsel
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The undersigned hereby declares that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR: Unchalee Kositprapa

INVENTOR'S SIGNATURE: Unchalee Kositprapa DATE: 08-04-03

RESIDENCE: 6936 SW 39th St #205

CITIZENSHIP: USA

POST OFFICE ADDRESS: Davie, FL 33314

FULL NAME OF SECOND INVENTOR:

INVENTOR'S SIGNATURE: _____ DATE: _____

RESIDENCE:

CITIZENSHIP:

POST OFFICE ADDRESS:
